

HARRISONBURG PARATRANSIT

APPLICATION AND INSTRUCTION GUIDE



**Harrisonburg Department
Of Public Transportation**
475 E Washington Street
Harrisonburg, VA 22802
March 2007

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

HARRISONBURG ADA PARATRANSIT APPLICATION

ADA – THE AMERICANS WITH DISABILITIES ACT IS A CIVIL RIGHTS LAW. THE INTENT IS TO REMOVE BARRIERS THAT HAVE PREVENTED PEOPLE WITH DISABILITIES FROM FULLY PARTICIPATING IN LIFE.

The information obtained in this certification process will be used only by the City of Harrisonburg Department of Public Transportation and will not be provided to any other person or agency.

Information regarding the evaluation of your ability to use fixed route transit services may be provided to other transit agencies at their request for reciprocal purposes, in accordance with the regulations of the U.S. Department of Transportation.

It is important that you **answer every question** on this application form. Evaluation of your request cannot begin until the form is completed and received at our office, together with the signed Authorization for Third Party Verification.

Harrisonburg Paratransit riders are required to complete an ADA Paratransit Eligibility Application Form. Once your forms have been received at this office, you may expect a determination within 21 days.

The eligibility process in use is a self-certification process with optional professional verification. Applicants complete “Application for ADA Paratransit Certification” form and will provide the name of a professional who can verify their need for paratransit service. When an application is received, it is immediately date stamped and a file opened. A determination whether the applicant form is complete will then be made. If the form is incomplete, its deficiencies will be dated and a letter will be mailed to the applicant or their identified designee. If the application is complete, a determination whether professional verification is needed will then be made. If professional verification is required, the appropriate form will be mailed to the person identified by the applicant. The City of Harrisonburg will accept professional verification from physicians, health care professionals or rehabilitation/independent living professionals.

If eligible, the Harrisonburg Department of Public Transportation will notify you by letter. It will identify the individual determined eligible, include an expiration date in case of a temporary disability, list all limitations on eligibility, and identify whether or not the individual travels with a personal care attendant. Notifications of both positive and negative eligibility determinations will be completed within 21 calendar days upon the receipt of a completed application form. If a decision is not made within this time period, you will be eligible to use the service until a determination is made. You are required to request service the day before your scheduled trip by calling 432-0492.

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

FOLLOWING IS YOUR PARATRANSIT APPLICATION

All applications should be returned to:
Harrisonburg Public Transportation Department
475 E Washington Street
Harrisonburg, Virginia 22802

There are two parts to the application.

- Part I will be completed by you or someone you select to help you with the application. You must sign Part F. If this request has been completed by someone other than the person requesting certification that person must complete and sign Part F.
- Part II will be sent to the person indicated on the last page – Authorization for Release of Personal Information. It is very important that this page is filled out.

Remember a letter of determination will be mailed to you. Any person who disagrees with the final determination of ineligibility may appeal the decision.

REMEMBER TO ANSWER EACH QUESTION
FOR ASSISTANCE CALL 432-0492

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Part A

1. Name _____
2. Address _____
3. City, State _____ Zip Code _____
4. Telephone (Home) _____ - _____
(Work) _____ - _____
5. Date of Birth _____ / _____ / _____

Part B

1. What is the disability, which prevents you from using our fixed transit route service? Use the back of this sheet if more room is needed.

2. How does this disability prevent you from using fixed route service? Please explain.

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Part B con't

3. Are there any other effects of your disability of which we need to be aware?

No _____

Yes _____ (please explain)

4. Is this condition temporary? No _____ Yes _____

Please give expected duration.

Until ____ / ____ / ____

Part C

Do you use any of these aides to mobility? Check all that apply.

Manual Wheelchair _____

Powered Wheelchair _____

Powered Scooter _____
(3 or 4 wheels)

Canes _____

Crutches _____

Walker _____

Guide Dog or other _____

None _____

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Part D

Please answer the following questions.

1. Can you climb three 12-inch steps without assistance?

Yes _____

No _____

Sometimes _____

If sometimes, please explain.

2. What is the maximum distance you can travel without the assistance of another person?

_____ Yards

3. Is this distance affected by the terrain (e.g., by steep hills or other local conditions)?

No _____

Yes _____

Please explain.

4. Is your ability to travel out-of-doors affected by snow or ice?

No _____

Yes _____

If yes, please explain.

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Part D con't

5. Is your ability to travel or wait out-of-doors affected by extremes of hot or cold?

No _____

Yes _____

If yes, please describe the conditions you cannot tolerate.

6. What is the maximum period you can stand without support?

Not at all _____

For _____ **minutes**

Part E

1. If you use the services of a Personal Care Attendant (PCA) when you travel, please describe the circumstances under which you utilize such service and what needs the PCA meets.

2. Is the PCA paid for these services?

Yes _____

No _____

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

HDPT POLICY

All mobility devices will be properly secured to the vehicle using the installed securement system (4 point tie down). As of March 1 2007, HDPT operators (drivers) will decline transport to a passenger that refuses to have their mobility device properly secured as defined in HDPT policy 6.4, and 49 CFR 37.165 (c) (2) (3). Passengers using a mobility device will be requested to wear a seat belt and must be properly restrained using the vehicle restraint system. Those able to do so will be requested to move to a seat and use the vehicle seat belt system if vehicle is so designed.

Part F

I certify that the information provided in this *Request* is accurate and I understand the securement policy of Harrisonburg Department of Public Transportation.

(Signed) _____ **(Date)** ____ / ____ / ____

If this Request has been completed by someone other than the person requesting certification that person must complete the following:

1. Name _____

2. Address _____

3. City _____ **Zip Code** _____

4. Relationship to the applicant _____

5. Daytime phone number _____

(Signed) _____ **(Date)** ____ / ____ / ____

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

Authorization for Release of Personal Information

The following must be provided before your *Request* can be processed.

Applicant's Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Date of Birth ____ / ____ / ____

The following:

Rehabilitation / Independent Living Professional _____

Health Care Professional _____

Physician _____

is familiar with my disability and is hereby authorized to provide personal information which may be required to complete my *Request for Certification of ADA Paratransit Eligibility*.

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Daytime Telephone Number _____

Applicant's Signature _____

Date ____ / ____ / ____

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!

MY NOTES:

{use this page for any questions or concerns you would like us to address}

pdfMachine

A pdf writer that produces quality PDF files with ease!

Produce quality PDF files in seconds and preserve the integrity of your original documents. Compatible across nearly all Windows platforms, if you can print from a windows application you can use pdfMachine.

Get yours now!